

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

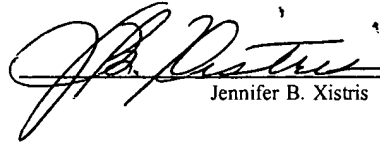
Box Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of Margit Burmeister for Ataxia Associated Gene and Protein.

CERTIFICATION UNDER 37 C.F.R. § 1.10

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the U.S. Postal Service on this date **November 3, 2003** in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number **EL 992 784 765 US** addressed to: **Box Patent Application**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


Jennifer B. Xistris

22141 U.S. PTO
10/699941
110303

1. **Type Of Application**
This new application is for a(n)
☒ Original (nonprovisional)
2. **Papers Enclosed That Are Required For Filing Date Under 37 C.F.R. § 1.53(b) (Regular) or 37 C.F.R. § 1.153 (Design) Application**
100 Pages of Specification
4 Pages of Claims
1 Page of Abstract
61 Sheets of Formal Drawings
3. **Declaration**
☒ Not Enclosed
4. **Inventorship Statement**
The inventorship for all the claims in this application is:
☒ the same
5. **Language**
☒ English
6. **Fee Calculation (37 C.F.R. § 1.16)**
☒ Regular application

CLAIMS AS FILED

Number Filed	Number Extra	Rate	Basic Fee - \$770.00 (37 C.F.R. § 1.16(a))
Total Claims (37 C.F.R. § 1.16(c))	28 - 20 =	8 × \$18.00 =	\$144.00
Independent Claims (37 C.F.R. § 1.16(b))	3 - 3 =	0 × \$86.00 =	\$0.00
Multiple Dependent Claim(s), if any (37 C.F.R. § 1.16(d))	+ \$290.00 =		\$0.00
Filing Fee Calculation			\$914.00
7. Small Entity Statement(s) <input checked="" type="checkbox"/> Verified Statement(s) that this is a filing by a small entity under 37 C.F.R. §§ 1.9 and 1.27.	Filing Fee Calculation (50% of above)		\$457.00
8. Fee Payment Being Made At This Time <input checked="" type="checkbox"/> Enclosed <input checked="" type="checkbox"/> basic filing fee	Total Fees Enclosed		\$457.00

9. **Method of Payment of Fees**

☒ Check in the amount of \$457.00

10. **Authorization To Charge Additional Fees and Credit Overpayment**

☒ The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No.: 08-1290. An originally executed duplicate of this transmittal is enclosed for this purpose.


11. **Power of Attorney by Assignee**

☒ Enclosed (unexecuted)

12. **Return Receipt Postcard**

☒ Enclosed

Dated: November 3, 2003



Tanya A. Arenson
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☒ **Statement Where No Further Pages Added**

☒ This transmittal ends with this page.